



**Town of Lexington**  
**Land Use, Health and Development Department**  
**Office of Public Health**  
**1625 Massachusetts Avenue**  
**Lexington, MA 02420**  
(781)-698-4533  
Fax (781)-861-2780

Permit Number: \_\_\_\_\_

Issued Date: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Check #: \_\_\_\_\_

Gerard F. Cody, R.E.H.S./R.S.  
Health Director x 84503

Kathy P. Fox, R.E.H.S. /R.S., C.H.O., CP-FS  
Environmental Health Agent x 84507

David Neylon, B, S.N., R.N.  
Public Health Nurse x 84509

**Board of Health**

Wendy Heiger-Bernays, PhD, Chair  
Sharon Mackenzie, R.N., CCM  
Burt M. Perlmutter, M.D.  
David S. Geller, M.D.  
John J. Flynn, J.D.

**APPLICATION FOR LODGING PLACES**

Name of Inn, Hotel/Motel, or Bed & Breakfast:	
Address:	Zip Code:
Telephone:	
Owner of Corporation:	
Address of Owner:	
Telephone:	
Manager of Establishment:	
Number of Rooms:	

**If your facility serves food or offers a swimming pool or spa, see below:**

☐ **Food Service**

Any establishment that serves food in the Town of Lexington must additionally submit a *Food Establishment Permit to Operate Application*, as required with 105 CMR 590.12.

☐ **Pool**

Any establishment that operates a swimming pool in the Town of Lexington must additionally submit a *Swimming Pool Permit Application*, as required with 105 CMR 435.000 and all other applicable law.

***In accordance with the provisions of Section 32-A and 32-B of Chapter 140 of the General Laws, application is hereby made for a license to operate a hotel or motel.***

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date